

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN9007	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED  C 01/17/2012
NAME OF PROVIDER OR SUPPLIER  JOHN M REED NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 124 JOHN REED HOME RD LIMESTONE, TN 37681		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 832	<p>1200-8-6-.08(2) Building Standards</p> <p>(2) The condition of the physical plant and the overall nursing home environment must be developed and maintained in such a manner that the safety and well-being of residents are assured.</p> <p>This Rule is not met as evidenced by: Intakes: TN00029164</p> <p>Based on observations, it was determined the facility failed to maintain the overall physical nursing home environment.</p> <p>The findings included:</p> <ol style="list-style-type: none"> <li>1. Observation on 1/17/12 at 5:16 PM, revealed the night lights in resident rooms 101, 103, 104, and 108 did not illuminate when the light switches were turned on.</li> <li>2. Observation of residents' room 103 on 1/17/12 at 5:18 PM, revealed a ceiling tile was missing from closet B.</li> <li>3. Observation of residents' room 107 on 1/17/12 at 5:20 PM, revealed 3 water stained ceiling tiles.</li> <li>4. Observation of residents' room 107 on 1/17/12 at 5:21 PM, revealed the handicap grab bar was missing from behind the bathroom's toilet.</li> <li>5. Observation of station's 3 medicine room on 1/17/12 at 5:36 PM, revealed a missing ceiling tile.</li> <li>6. Observation of resident's room 8 on 1/17/12 at 6:12 PM, revealed the bathroom's vinyl floor was</li> </ol>	N 832	<p>N - 832 In maintaining the overall physical nursing home environment, the facility corrected the following cited deficiencies:</p> <ol style="list-style-type: none"> <li>1. The night lights in resident rooms 101, 103, 104, and 108 have had bulbs replaced and will now illuminate <del>the night</del></li> <li>2. Room 103's missing ceiling tile in the closet has been replaced.</li> <li>3. Residents room 107 had had 3 stained ceiling tiles replaced.</li> <li>4. Room 107 bathroom's grab bar was moved for this resident some time ago and the wall had not been repaired behind the toilet. The wall has now been repaired.</li> <li>5. At station 3 medicine room the missing ceiling tile has been put in.</li> <li>6. Resident 's room #8 has had the vinyl floor removed and tile has been laid on 2-3-2012.</li> <li>7. The ceiling tile in the admin storage room has been replaced.</li> <li>8. The top and the filters of the 3 dryers in the laundry have been cleaned and a new schedule for cleaning has been put into place by the Housekeeping Supervisor. She will monitor this daily with a check off sheet.</li> <li>9. The 6 damaged ceiling tiles in the kitchen's bathroom was been replaced.</li> <li>10. The 2 damaged ceiling tiles in the clean and soiled work rooms have had the tiles replaced.</li> </ol> <p>The Maintenance Director and the Housekeeping Supervisor will do weekly inspections of the ceiling tiles to keep this from reoccurring. This will be documented and Administrator will monitor.</p>	<p>K 832 2-10-12</p>	

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6099

65QJ21

If continuation sheet 1 of 3

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN9007	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED  C 01/17/2012
NAME OF PROVIDER OR SUPPLIER  JOHN M REED NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 124 JOHN REED HOME RD LIMESTONE, TN 37681		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 832	Continued From page 1  loose from the sides of the walls.  7. Observation 1/17/12 at 6:19 PM, revealed a damaged ceiling tile in the admin storage room.  8. Observation of the laundry room on 1/17/12 at 6:25 PM, revealed the top of the 3 dryer's and filters were dirty.  9. Observation of the kitchen's bathroom on 1/17/12 at 6:40 PM, revealed 6 damaged ceiling tiles.  10. Observation of the clean and soiled work rooms on 1/17/12 at 6:56 PM, revealed 2 damaged ceiling tiles in each room.  These findings were acknowledged by the administrator during the exit conference on 1/17/12.	N 832			
N 838	1200-8-6-.08(8) Building Standards  (8) All new construction and renovations to nursing homes, other than minor alterations not affecting fire and life safety or functional issues, shall be performed in accordance with the specific requirements of these regulations governing new construction in nursing homes, including the submission of phased construction plans and the final drawings and the specifications to each.  This Rule is not met as evidenced by: Intakes: TN00029164  Based on observations and interviews, it was	N 838	N - 838 Facility will request approval from the State of Tennessee Department of Health for the continued use of the special locking arrangements on the entrance and exit of three shower doors. Letter written on 2-2-2012 and faxed. Original installation was evidently done quite some time ago by a service provider who is deceased. A provider of service will be in facility to look at key pad to see if he can obtain some specs on 2-3-2012. Information will be forwarded to State of Tennessee.	K-838 3-30-12	

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN9007	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED  C 01/17/2012
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N 838	Continued From page 2  determined the facility failed to request approval from the Tennessee Department of Health for the installation of special locking arrangements on the exit and shower doors.  The findings included:  Interview with the maintenance director on 1/17/12 at 5:43 PM, revealed the exits and the 3 shower doors had magnetic door looks installed with no approval from the Tennessee Department of Health.  This finding was acknowledged by the administrator during the exit conference on 1/17/12.	N 838			

**Fire Extinguisher Co.Inc.**

371 Mt. Zion Church Rd.  
Jonesborough TN 37659

**Fire Suppression Systems****Service History**

Order # 10601

**JOB LOCATION**

John M. Reed Home  
124 John M. Reed Home Rd.  
Limestone TN. 37681  
Washington

P1: (423)257-6122

P2:

F: (423)257-2609

**CLIENT**

Same

Service Date: 2/24/2011

**CONTACT**

James

**TECHNICIAN**

T 1

**Fire Suppression System**

Num: 1

Type: Wet Chemical Extinguishing System

Manufacturer: RANGE GUARD

Model: UCHA

Location: On Wall left of Hood answerd

Install Date: 8/11/2004

Last Service: 2/11/2011

Serial #: TBA002276

Bar Code: AF0002550

Timestamp: 2/11/2011 2:54:18 PM

Remarks:

**Tests/Inspections/Services**

Description	Last	Due
Hydro Test		<input type="checkbox"/>
Monthly		<input type="checkbox"/>
Recharge		<input type="checkbox"/>
Semi-Annual	2/11/2011	<input checked="" type="checkbox"/>
New		<input type="checkbox"/>

**Cylinders**

Num	Size	Type	Mfg Date	Hydro	6 Year	S/N	Bar Code	Timestamp	Remarks
1	RG- 4GM	Extinguishing Agent	11/2003			TBA002276		2/11/2011 2:52:50 PM	
2	1200 43	Cylinder	11/2003					2/11/2011 2:54:45 PM	

**Replacement Parts**

Qty	Description	Part No.	Replaced
5	Fuse Links 360°F		2/2011
2	Fuse Links 285		2/2011

ALL WORK DONE IN ACCORDANCE WITH N.F.P.A. STANDARDS

Printed on: 1/31/2012 1:51:54 PM

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**Fire Extinguisher Co.Inc.**

371 Mt. Zion Church Rd.  
Jonesborough TN 37659

**Fire Suppression Systems****Service History**

Order # 10601

**JOB LOCATION**

John M. Reed Home  
124 John M. Reed Home Rd.  
Limestone TN. 37681  
Washington

P1: (423)257-6122  
P2:  
F: (423)257-2609

**CLIENT**

Same

Qty	Description	Part No.	Replaced
11	Nozzle Seals		2/2011

**Appliances (Left to Right)**

Num	Description
1	Range 6 Burner
2	Oven
3	36" Gas Grill
4	Fryer- Electric

**INSPECTION****I. Fire Suppression Systems**

	YES	NO	NA
1. Appl or Room Vol coverage per MFG specs . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. System Cylinder weight or liquid level OK . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Actuation cartridge weight and date OK . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. System gauge in operable range . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Detection system operator devices OK . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Smoke detection calibration OK . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Heat actuation devices OK . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Fusible links replaced . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Proper clearances from flame to Class B hazards . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Proper fuel shut-offs OK . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Remote pull operation and locations OK . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Audible and visual notification devices operate . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Monitoring agency notified when system activated . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14. Nozzle caps replaced or OK . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. All system electrical components operate . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. All system components clean and free from debris . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. System meets or exceeds MFG requirements . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. System panel reset position with no trouble signal . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. System installed according to MFG instructions . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ALL WORK DONE IN ACCORDANCE WITH N.F.P.A. STANDARDS

**Fire Extinguisher Co.Inc.**

371 Mt. Zion Church Rd.  
Jonesborough TN 37659

**Fire Suppression Systems****Service History**

Order # 10601

**JOB LOCATION**

John M. Reed Home  
124 John M. Reed Home Rd.  
Limestone TN. 37681  
Washington

**CLIENT**

Same

P1: (423)257-6122

P2:

F: (423)257-2609

**INSPECTION****I. Fire Suppression Systems**

	YES	NO	NA
20. System operation OK . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Proper hand portable fire extinguishers . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. All piping and conduit securely mounted . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. System meets UL 300 requirements . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. System meets UL 1254 requirements . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
25. Employees trained in proper operation of system . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. System design and approval OK . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. System reset and operable . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I state that the information on this form is correct at the time and place of my inspection. And

~~that all equipment tested at this time was left in operational condition upon completion of this~~  
I state that the information on this form is correct at the time and place of my inspection. And that all equipment tested at this time was left in operational condition upon completion of this inspection except as noted above.

**Inspector**

X



2/24/2011

**Authorized Agent**

X



2/24/2011

\*\*\* End Report: 1 \*\*\*

ALL WORK DONE IN ACCORDANCE WITH N.F.P.A. STANDARDS

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**Fire Extinguisher Co.Inc.**

371 Mt. Zion Church Rd.  
Jonesborough TN 37659

**Fire Suppression Systems****Service History**

Order # 11314

**JOB LOCATION**

John M. Reed Home  
124 John M. Reed Home Rd.  
Limestone TN. 37681  
Washington

P1: (423)257-6122

P2:

F: (423)257-2609

**CLIENT**

Same

Service Date: 10/5/2011

**CONTACT**

James

**TECHNICIAN**

David Shell

**Fire Suppression System**

Num: 1

Type: Wet Chemical Extinguishing System

Manufacturer: RANGE GUARD

Model: UCHA

Location: On Wall left of Hood answerd

Install Date: 8/11/2004

Last Service: 8/9/2011

Serial #: TBA002276

Bar Code: AF0002550

Timestamp: 8/9/2011 4:52:39 AM

Remarks:

**Tests/Inspections/Services**

Description	Last	Due
Hydro Test		<input type="checkbox"/>
Monthly		<input type="checkbox"/>
Recharge		<input type="checkbox"/>
Semi-Annual	8/9/2011	<input checked="" type="checkbox"/>
New		<input type="checkbox"/>

**Cylinders**

Num	Size	Type	Mfg Date	Hydro	6 Year	S/N	Bar Code	Timestamp	Remarks
1	RG-	Extinguishing	11/2003			TBA002276	AF0002550	8/9/2011 5:01:09 AM	
2	4GM	Agent							
	1200	Cylinder	11/2003				AF0002550	8/9/2011 5:01:25 AM	
	43								

**Replacement Parts**

Qty	Description	Part No.	Replaced
5	Fuse Links 360°F		8/2011
2	Fuse Links 285		8/2011

ALL WORK DONE IN ACCORDANCE WITH N.F.P.A. STANDARDS

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1/3

**Fire Extinguisher Co.Inc.**

371 Mt. Zion Church Rd.  
Jonesborough TN 37659

**Fire Suppression Systems****Service History**

Order # 11314

**JOB LOCATION**

John M. Reed Home  
124 John M. Reed Home Rd.  
Limestone TN. 37681  
Washington

P1: (423)257-6122

P2:

F: (423)257-2609

**CLIENT**

Same

Qty	Description	Part No.	Replaced
11	Nozzle Seals		8/2011

**Appliances (Left to Right)**

Num	Description
1	Range 6 Burner
2	Oven
3	36" Gas Grill
4	Fryer- Electric

**INSPECTION****I. Fire Suppression Systems**

	YES	NO	NA
1. Appl or Room Vol coverage per MFG specs . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. System Cylinder weight or liquid level OK . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Actuation cartridge weight and date OK . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. System gauge in operable range . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Detection system operator devices OK . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Smoke detection calibration OK . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Heat actuation devices OK . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Fusible links replaced . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Proper clearances from flame to Class B hazards . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Proper fuel shut-offs OK . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Remote pull operation and locations OK . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Audible and visual notification devices operate . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Monitoring agency notified when system activated . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Nozzle caps replaced or OK . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. All system electrical components operate . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. All system components clean and free from debris . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. System meets or exceeds MFG requirements . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. System panel reset position with no trouble signal . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. System installed according to MFG instructions . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ALL WORK DONE IN ACCORDANCE WITH N.F.P.A. STANDARDS

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**Fire Extinguisher Co.Inc.**

371 Mt. Zion Church Rd.  
Jonesborough TN 37659

**Fire Suppression Systems****Service History**

Order # 11314

**JOB LOCATION**

John M. Reed Home  
124 John M. Reed Home Rd.  
Limestone TN. 37681  
Washington

**CLIENT**

Same

P1: (423)257-6122

P2:

F: (423)257-2609

**INSPECTION****I. Fire Suppression Systems**

	YES	NO	NA
20. System operation OK .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Proper hand portable fire extinguishers .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. All piping and conduit securely mounted .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. System meets UL 300 requirements .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. System meets UL 1254 requirements .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
25. Employees trained in proper operation of system .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. System design and approval OK .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. System reset and operable .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I state that the information on this form is correct at the time and place of my inspection. And

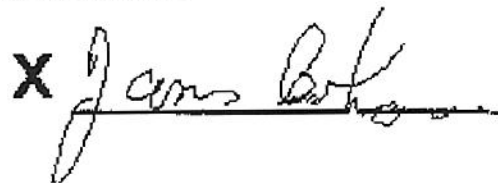
I state that the information on this form is correct at the time and place of my inspection. And that all equipment tested at this time was left in operational condition upon completion of this inspection except as noted above.

Inspector

X 

8/9/2011

Authorized Agent

X 

8/9/2011

\*\*\* End Report: 1 \*\*\*

ALL WORK DONE IN ACCORDANCE WITH N.F.P.A. STANDARDS

Printed on: 1/31/2012 1:51:08 PM

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**A-1 Quality Cleaning Tri-Cities, LLC**

1011 Oak St./ Johnson City, TN/ 37601

Phone: (423) 946-0455

**KITCHEN EXHAUST REPORT**Scheduled Date: 1-15-11Time In: 8:00pScheduled Time: 8:00pTime Out: 10:30pClient Name: John M. Reed

Emergency Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Fax #: \_\_\_\_\_

City/State/Zip: Limestone, TNService Performed/Location: Kitchen Exhaust Cleaning

The following information is intended to notify you of the condition of your kitchen exhaust system. Based on accessibility, this report may not include information on the entire system. Any items marked indicate areas that need attention prior to the next cleaning. Items with a (\*) next to them are in violation of NFPA 96 and need to be addressed immediately. Please call our office if you have any questions. This is a non-paid consultation.

Filter Condition\*: \_\_\_\_\_ More frequent cleaning needed

\_\_\_\_\_ Replacement Filter(s) Needed

\_\_\_\_\_ Frame is broken

Size: \_\_\_\_\_

\_\_\_\_\_ Filter(s) Missing/Spacer Missing

\_\_\_\_\_ Filters are burnt &amp; will not clean properly

Good

Serious inaccessible areas exist\*: \_\_\_\_\_ Number of access doors needed \_\_\_\_\_

Dimensions of Duct: \_\_\_\_\_

Fan/Roof	Hood/Floor	Others
<input type="checkbox"/> Fan making noise prior to service	<input type="checkbox"/> Light globes missing	<input type="checkbox"/> Cannot turn fan(s) on to dry system
<input type="checkbox"/> Fan housing needs repairs	<input type="checkbox"/> Floor drains need cleaning	<input type="checkbox"/> Gravel roof does not allow for proper Cleanup
<input type="checkbox"/> Fan not working prior to service	<input type="checkbox"/> Accumulation of grease under Cooking equipment	<input type="checkbox"/> Pilot lights will not light
<input checked="" type="checkbox"/> Fan needs hinge kit/lunge kit repairs *	<input type="checkbox"/> Electrical outlets need repairs	<input type="checkbox"/> Duct leaks, needs repairs *
<input type="checkbox"/> Belt replaced/needs replacing/OK	<input type="checkbox"/> Suppression nozzle covers missing	<input type="checkbox"/> Improper access door
<input type="checkbox"/> Defects in fan wiring: Too short/ Bare *	<input type="checkbox"/> Drain cups missing	<input type="checkbox"/> Wheels broken on equipment (circle)
<input type="checkbox"/> Safe roof work area does not exist	<input type="checkbox"/> Hood leaks overnight	<input type="checkbox"/> (Oven / Fryer/ Grill/ Table)
<input type="checkbox"/> Combustible material around shaft	<input type="checkbox"/> Fan switch not identified	<input type="checkbox"/> More frequent cleaning needed *
<input type="checkbox"/> Grease on roof prior to cleaning *	<input type="checkbox"/> Fan switch does not work	<input type="checkbox"/> Increase to every _____ months
<input type="checkbox"/> Fan tarred/ caulked to roof	<input type="checkbox"/> Other (see comments)	
<input type="checkbox"/> Grease containment system needed		

**COMMENTS****Code References**

- ☐ Leaking Ductwork: NFPA96 2-1.2
- ☐ Grease on roof membrane-roof damage will occur: NFPA96 4-8.2.1 c
- ☐ Fan Wiring faulty or damaged: NFPA96 5-1.1
- ☐ Excessive grease buildup. More frequent cleaning required: NFPA96 8-3.1 (Some charring may remain)
- ☐ Ductwork lacks sufficient access: NFPA96 4-3
- ☐ Exhaust filters damaged, missing, other: NFPA96 3-1 & 11-1

**TECHNICIANS**Roof: AldenHood: Ben**CUSTOMER SIGNATURE/ TITLE**x N/A



**A-1 Quality Cleaning Tri-Cities, LLC**  
1011 Oak St./ Johnson City, TN/ 37601  
Phone: (423) 946-0455

## KITCHEN EXHAUST REPORT

Scheduled Date: 7-7-11 Time In: 7:00pm  
Scheduled Time: 7:00pm Time Out: 9:45pm

Client Name: John M. Red Nursing Home Emergency Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

City/State/Zip: Lansdale TN

Service Performed/Location: Kitchen Exhaust Cleaning

The following information is intended to notify you of the condition of your kitchen exhaust system. Based on accessibility, this report may not include information on the entire system. Any items marked indicate areas that need attention prior to the next cleaning. Items with a (\*) next to them are in violation of NFPA 96 and need to be addressed immediately. Please call our office if you have any questions. This is a non-paid consultation.

Filter Condition\*: ☐ More frequent cleaning needed ☐ Replacement Filter(s) Needed  
☐ Frame is broken ☐ Sizes: \_\_\_\_\_  
☐ Filter(s) Missing/Spacer Missing \_\_\_\_\_  
☐ Filters are burnt & will not clean properly \_\_\_\_\_

Serious inaccessible areas exist\*: \_\_\_\_\_ Number of access doors needed \_\_\_\_\_ Dimensions of Duct: \_\_\_\_\_

<u>Fan/Roof</u>	<u>Hood/Floor</u>	<u>Others</u>
<input type="checkbox"/> Fan making noise prior to service <input type="checkbox"/> Fan housing needs repairs <input type="checkbox"/> Fan not working prior to service <input checked="" type="checkbox"/> Fan needs hinge kit/hinge kit repairs * <input type="checkbox"/> Belt replaced/needs replacing/OK <input type="checkbox"/> Defects in fan wiring: Too short/ Bare * <input type="checkbox"/> Safe roof work area does not exist <input type="checkbox"/> Combustible material around shaft <input type="checkbox"/> Grease on roof prior to cleaning * <input type="checkbox"/> Fan tarred/ caulked to roof <input type="checkbox"/> Grease containment system needed	<input type="checkbox"/> Light globes missing <input type="checkbox"/> Floor drains need cleaning <input type="checkbox"/> Accumulation of grease under Cooking equipment <input type="checkbox"/> Electrical outlets need repairs <input type="checkbox"/> Suppression nozzle covers missing <input checked="" type="checkbox"/> Drain cups missing <input checked="" type="checkbox"/> Hood leaks overnight <input type="checkbox"/> Fan switch not identified <input type="checkbox"/> Fan switch does not work <input type="checkbox"/> Other (see comments)	<input type="checkbox"/> Cannot turn fan(s) on to dry system <input type="checkbox"/> Gravel roof does not allow for proper Cleanup <input type="checkbox"/> Pilot lights will not relight <input type="checkbox"/> Duct leaks; needs repairs * <input type="checkbox"/> Improper access door <input type="checkbox"/> Wheels broken on equipment (circle) (Oven / Fryer/ Grill/ Table) <input type="checkbox"/> More frequent cleaning needed * Increase to every _____ months

### COMMENTS

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### Code References

- ☐ Leaking Ductwork: NFPA96 2-1.2
- ☐ Grease on roof membrane-roof damage will occur: NFPA96 4-8.2.1 c
- ☐ Fan Wiring faulty or damaged: NFPA96 5-1.1
- ☐ Excessive grease buildup. More frequent cleaning required: NFPA96 8-3.1 (Some charring may remain)
- ☐ Ductwork lacks sufficient access: NFPA96 4-3
- ☐ Exhaust filters damaged, missing, other: NFPA96 3-1 & 11-1

### TECHNICIANS

Roof: Joe

Hood: Hopson

### CUSTOMER SIGNATURE/ TITLE

X \_\_\_\_\_